

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588907

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	1					
6	①					
7	⑨					
8	⑧					
9						
10	1					
11	①					
12	1					
13	1					
14	①					
15	1					
16	1					
17	1					
18	①					
19	①					
20	①					
21	⑦					
22	①					
23						
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	23	←	21	←		←
TOTAL CLAIMS	24		22			

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						